RADIATION

SUPERVISED AREA



**RISK OF RADIATION**


## NO ENTRY EXCEPT AUTHORISED PERSONS

|  |  |  |
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| **DEPARTMENT** | **:** |  |
| **RADIATION PROTECTION SUPERVISOR** | **:** |  |
| **AREA RADIATION SUPERVISOR** | **:** |  |
| **ROOM NUMBER** | **:** |  |
| **TYPE OF RADIATION SOURCE** | **:** |  |
| **DESCRIPTION OF SOURCE(S) OF IONISING RADIATION** | **:** |  |

THE PERSONS AUTHORISED TO WORK WITH THE RADIATION SOURCE(S) IS/ARE LISTED ON THE ACCOMPANYING NOTICE.

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| Date of Issue:  |  |